Revised Manifest Summary Report

CAN AM COLLISION CAN AM COLLISION

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
08/09/1989		88380926		834	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: .417

State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 6 Department of Health Services
Toxic Substances Control Division
Sagramento, California and Front of Page 7 Please print or type. (Form designed for use on elite (12-pitch typewriter). UNIFORM HAZARDOUS 1. Generator's US EPA ID No Information in the shaded areas is not required by Federal law. 7. Transporter 2 Company Name 9. Designated Facility Nameland Site Address US EPA ID Number တ 386 ∞ ∞ 1-830-424 E27/07 RESPONSE J. Additional Descriptions for Materials Listed Above 15. Special Handling Instructions and Additional Information ž ₹ S GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. 뚱 EMERGENCY Printed/Typed Name 17. Transporter 1 Acknow Printed/Typed Name S 18. Transporter 2 Acknowledgement of Re eipt of Materials Printed/Typed Name Month Day 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials cover Month Day IS 8022 A (1/88) Do Not Write Below This Line A 8700lev. 9-88) Previous editions are obsolete. White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To: P.O. Box 3000, Sacramento, CA 95812